

JJC FACILITY INSPECTION REPORT

Facility Name: POLINSKY CHILDREN'S CENTER	
Facility Type: Shelter Care	
Facility Address: 9400 Ruffin Court San Diego, CA 92123-5399	Date of Inspection: November 12, 2010 [Previous: 11/04/09]
	JJC Chair: Kathleen Edwards
	JJC Admin. Officer: Michele Cummings JJC Secretary: Kathi Hamill
	CWS Director: Debra Zanders-Willis
	Presiding Judge of the Juvenile Court: Hon. Cynthia Bashant
Facility Administrator: Cathi Palatella, Asst. Deputy Dir.	Telephone: (858) 514-4601
Facility Contact: Tuan Pham	Telephone: (858) 514-4602
JJC Inspection Team: Amy Lansing Marc Gotbaum	
Staff Interviewed in Person: <ul style="list-style-type: none">-Tuan Pham, CWS Manager of Administration-Adrian Camacho, Residential Care Worker II, Recreation and Training Coordinator-My Tran, Protective Services Supervisor/Staffing Coordinator/Duty Officer-Carol St. Cook, Chief, Community Health Promotion, Licensing/Children Under 6 cottage operations-Lynda Evans, Administrative Analyst II-Cathi Palatella, Assistant Deputy Director/ Polinsky Children's Center Director	
Phone Interviews: Christina Casillas, School Site Administrator Michelle Solomon, Children's Mental Health Services Chief; Juvenile Forensic Services	
Overview: The Polinsky Children's Center (PCC) is child centered, with a structural design that is non-institutional, warm, inviting, cheerful and well maintained.	

Recommendations:

The inspection team recommends that the following recommendation from the 2008 and 2009 inspections remain a priority:

1. Continue efforts, including collaborating with Probation, Health and Human Services Behavior Health System to identify effective strategies in working with the "change-of-placement" youth.

Comments:

Critical Incident Reports were reviewed for appropriateness of response and documentation prior to the completion of this inspection report.

In addition, 50 'Grievance Slips' were reviewed during the inspection. The bulk of the grievances tended to be complaints about food (for which ample accommodations are available and were also made), a desire to participate in activities designated for older youth, or concerns that a staff member favored certain residents. Most of the responses to the grievances appear to be in the form of "teachable moments" (e.g., providing examples of food options, suggesting the resident make specific requests for the food service, determining what the youth was really upset about, etc.). Because of the nature of the complaints and the form of resolutions, it is difficult to simplistically determine if the resolutions are "in favor of the youth" versus "in favor of the institutional setting." However, most resolutions seem very reasonable, thoughtful and appropriate. The only concerning patterns that emerged during the review were that 30% did not have any resolution listed at all, and 16% had only "AWOL'd," "left facility" or "Juvenile Hall" as the resolution. Although youth may no longer be present in the facility, the JJC recommends that when a staff member is involved in the complaint, some resolution should be obtained even if it is limited to a discussion of the issue with the staff member. Similarly, if the complaint is about the behavior of another resident, an attempt should be made to assess the veracity of the complaint to make sure that youth remaining at the facility are safe.

No 'sick slips' were reviewed during the inspection as all youth at PCC may make a direct verbal request for a medical or mental health visit at any time and that is accommodated by staff, with services typically available on site. More serious health concerns result in transport to Rady Children's Hospital.

PCC staff should be commended for instituting a policy to divert children within the first 23 hours who have an alternative placement.

PCC provides a family-type environment that is quite well suited for younger children and accommodates pregnant teens/new mothers in an exceptional manner. PCC is, however, faced with the challenge of supervising older youth who attempt or successfully complete AWOLs, given that PCC is not a locked placement. After reviewing PCC's responses to such incidences and their policies (e.g., contacting agencies, SDPD, Social Services etc. within the hour), PCC balances the competing mandates to supervise youth yet not restrain them. However, as the Critical Incident Reports reflect, youth are at risk for victimization and substance and alcohol use during their time off of PCC property. PCC must coordinate with the Police Department as well as contracted services (e.g., Juvenile Forensic Services) in order to manage youth with disruptive behavior. It seems that some youth are processed between PCC and the Probation Department when other services may be needed. We hope that policies will continue to be refined to reduce these situations.

Since the last inspection:

Number of Suicides: 0

Number of Attempted Suicides:
0 Suicide Attempts / 12 self-harming incidents

Number of Deaths from
other causes: 0

*Number of AWOLs: 131 unduplicated
*Number of Attempted AWOLs: 34 unduplicated

*Note: PCC is not a "locked" facility. Residents are encouraged not to leave, but physical means are rarely used to prevent a minor from leaving the facility.

Local Inspections:

Community Care Licensing: April 27, 2010
Fire Marshal: August 25, 2010
Department of Environmental Health: September 14, 2010

Other Inspections: None

Date of Last Fire Drill: April 19, 2010

There is a facility-wide drill held at a minimum of twice yearly.

Problems/Complaints Affecting Facility During Previous Calendar Year:

Court Orders Affecting Facility (Attach Copy if Available): None				
Pending Litigation: None				
Number of Written Complaints Involving:				
Detainees:	Attorneys:	Family Members:	Medical:	Abuse:
0	0	0	1	0

FACILITY BACKGROUND

Polinsky Children's Center (PCC) is operated by San Diego County Health and Human Services Agency, and became licensed as a group home on July 31, 2001. Dedicated in 1994, it replaced the Hillcrest Receiving Home. The current facility was built through the efforts of a public-private partnership between the (previously called) Child Abuse Prevention Foundation and the County of San Diego. PCC continues to receive support through public and private partnerships and individuals in the community.

PCC offers Emergency Shelter Care for children ranging in age from newborns to 18 years, who fall within the provisions of Section 300 of the Welfare and Institutions Code. However, not all youth brought to PCC are dependents. Some will be released without court involvement and will not become dependents. Only a small percentage of children receiving services from the Child Welfare Services (CWS) system are placed at PCC. CWS Protective Services Workers (PSWs) use PCC as a last resort and a safety net when no other appropriate placement can be found. Some children who reside at PCC never enter the CWS system, while others may return to PCC several times as change-of-placement entries if a placement is not suitable. A total of 1,946 children were admitted to PCC, with an additional 303 children who were 23-Hour Assessment Center admissions that were placed outside of PCC.

Of the 1,946 children admitted to PCC during FY 09-10, 387 (20%) were coded with the reason for admission as abuse related; 696 (36%) were coded as neglect related; and the remaining 863 (44%) were coded as change-of-placement/AWOL. Of the 1,906 children released from PCC in FY 09-10 (some of these youth represent admissions from the prior year), 330 (17%) were coded as being placed in a foster home; 661 (35%) were coded as being placed in a group home; and 915 (48%) were coded as being released to a family member or other type of release.

PCC is open 24 hours a day, seven days a week. Children are usually brought to PCC by CWS social workers or law enforcement officers. The children are evenly distributed by gender and reflect a wide range of ethnic backgrounds.

A 23-Hour Assessment Center (opened on September 25, 2006) allows social workers to place children with a relative, foster parent or released without filing a petition in the Juvenile Court if an appropriate guardian is available, as soon as possible within 23 hours as an alternative to admission to PCC.

Resident/Staff Composition and Communication:

In FY 09-10, PCC workforce diversity was: 73% female / 27% male; 26% White; 20% African-American; 39% Hispanic; 13% Asian; and 2% Other / Pacific Islander. The ethnic diversity of residents was 30% White; 23% African-American; and 42% Hispanic.

Most residents speak English, with some Spanish or American Sign Language speakers on occasion. Spanish-speaking staff are available, and ASL, as well as any other language services are provided through several contracts. All staff receive training through college and/or on-site classes in age-appropriate communication skills.

General Facility Condition:

The exterior and interior of PCC appeared to be in very good condition. Lighting was adequate, although no evening inspection was done. A Bose sound system was donated and installed so music can be transmitted throughout the grounds, which provides a sense of tranquility. The outdoor condition of the facility was clean, neat, bright, and safe. There are several outdoor playing areas with modern equipment. Sand and soft paving materials were used in the toddler playing area. There was grass and trees in the common area between the cottages and the other facilities. While PCC is an open facility, curved iron bars and a powder-coated perforated metal and mesh screen were recently added to the fences to make it more difficult for youth to climb over, thus deterring AWOLs.

Efforts have been made to decorate the cottages and outdoor areas in a non-institutional manner. The walls are painted with child-friendly murals, pictures, child-appropriate furniture and toys. This is also true for the medical facility, which is bright and pleasant.

When asked about the ventilation system that has been noted in the past several reports, staff noted the ventilation system upgrade continues to occur on a long-range plan. Several upgrades have been completed, and more upgrades will be completed as the County implements facility maintenance projects each fiscal year, prioritized by acuity and available funding.

Sleeping Accommodations:

Six home-like residences are currently part of the Polinsky Center. Each self-contained cottage, which is 5,869 square-feet, includes 13 separate bedrooms, a day room, dining room, kitchen, and outdoor barbeque area. Youth are assigned to a cottage based on age, maturity, sex, and individual treatment needs. There is also a Serenity nursery for birth to 2 year olds and accommodations for teenage mothers to stay with their new babies. Personal possessions are allowed in the sleeping areas. In addition to a library, each cottage includes a study area. There are also computers available in one of the recreational rooms.

Storage:

Cleaning products are maintained by the janitorial contractor in the janitorial services office, located in the kitchen/laundry area. The kitchen and laundry area maintain cleaning supplies as appropriate for the needs of the area, and these areas are not accessible to residents. The kitchen knives are maintained in the kitchen area behind locked doors, which are not accessible to residents. PCC does not have any weapons.

ADMINISTRATION / MANAGEMENT

Policy Development and Monitoring:

Who is primarily responsible for creating, updating, or modifying policies and procedures?

Title: PCC Management Team

PCC Management Team core members are:

- Cathi Palatella, Assistant Deputy Director/ Polinsky Children's Center Director
- Carol St. Cook, Community Health Promotion Chief of Licensing/Children under 6 Cottage Operations
- Tuan Pham, CWS Manager of Administration/Facility Management
- Alberto Borboa, CWS Manager of Cottage Operations

Designees as needed:

- My Tran, Protective Services Supervisor/Staffing Coordinator/Duty Officer
- Joline Martina, Protective Services Supervisor/Training and Quality Assurance Coordinator/Duty Officer
- Gloria Ifill, Protective Services Supervisor/Emergency Shelter Care Unit Coordinator/Duty Officer
- Lynda Evans, Administrative Analyst II
- Adrian Camacho, Residential Care Worker II/Recreation and Training Coordinator

How often are policies and procedures reviewed for accuracy and consistency with daily practices?

PCC Management Team meetings are held weekly and Supervisor Meetings are held bi-weekly. Updates to the manual are made on an ongoing basis and occur as needed to reflect policy and procedure changes.

Are policy and procedure manuals available on site?

☒ Yes ☐ No

Does the manual include the title, and contact information of the staff member to whom one can report a grievance or complaint?

☒ Yes ☐ No

Does the manual include the title, and contact information of the staff member to whom one can propose a change to a policy?

☒ Yes ☐ No

Number of manuals available and the locations:

The Policy and Procedure Manual is available to all staff online. In addition, 10 hard copies are available in the administrative offices, intake and all cottages. Hard copies of new policies are distributed to all staff.

Are staff members permitted to access these manuals?

☒ Yes ☐ No

Are youths' case managers/social workers permitted to access these manuals?

☒ Yes ☐ No

Are youth permitted access to these manuals?

- ☒ Yes ☐ No

Internal Inspections and Reviews:

Does the administrator in charge ever conduct a walk-through/visual inspection of the entire facility?

- ☒ Yes ☐ No

If yes, how often:

The PCC Management Team conducts a monthly walk-through and visual inspection. The facility is monitored on a daily basis by staff, and issues are reported to the PCC Management Team.

How often does the administrator in charge meet with staff members to discuss operations?

The PCC Management Team meets weekly, Director's Call-in is held monthly and all-staff meetings are held quarterly.

How often does the administrator in charge meet with medical staff to discuss operations?

The PCC Management Team meets with the medical staff team at least monthly, and more often as needed.

How often does the administrator in charge meet with mental health staff to discuss operations and services?

The PCC Management Team meets with mental health support staff at least bi-weekly, and more often as needed.

How often does the administrator in charge meet with contracted programming representatives to discuss operations and services?

The PCC Management Team meets with the contracted program staff at least monthly, and more often as needed.

How often does the administrator in charge meet with school/education staff members to discuss operations and services?

The PCC Management Team meets with school staff at least bi-weekly, and more often as needed.

Youth Records:

Are case records regarding individual youth kept on site?

- ☒ Yes ☐ No

If yes, describe the steps taken to protect their confidentiality.

Records are safeguarded in accordance with all HIPAA and confidentiality laws. Files are kept in secured areas and access to files is controlled and limited.

NOTE: Computers are available in the cottages for use by staff to do training, check email and write reports. Notes on youth assigned to the cottages are not tracked by computer, but are maintained on paper in case files.

Admission and Orientation:

Are minors oriented to rules and procedures?

- ☒ Yes ☐ No

What steps are taken to ensure that minors are explained the rules and procedures in a developmentally appropriate manner?

PCC Intake workers explain the rules and procedures to the child in a manner appropriate to their age and cognitive level. Teens receive a Resident Orientation Handbook. Cottage staff orients the children to the facility and the cottage in a developmentally appropriate manner.

Are minors given copies of rules and procedures?

☒ Yes ☐ No

Can minors request that rules and procedures be provided in a language other than English?

☒ Yes ☐ No

Can parents request that rules and procedures be provided in a language other than English?

☒ Yes ☐ No

Are minors required to sign a document indicating they understand rules and procedures?

☒ Yes ☐ No

Are rules and procedures posted anywhere in the facility?

☒ Yes ☐ No

If yes, please indicate the number of postings and the locations.

Number: 7

Locations: In each cottage

Personal Property and Monies:

Are personal property and monies recorded, stored, and returned upon release?

☒ Yes ☐ No

Describe the types of personal property that may be kept in sleeping rooms.

Children retain their personal property with the exception of electronic items and cash, which is kept in the facility safe.

Youth Release and Transition:

Are there established protocols for transitioning youth out of the facility and into the community?

☒ Yes ☐ No

Has the facility received any complaints from parents regarding the transition process?

☐ Yes ☒ No

Has the facility received any complaints from social workers or attorneys regarding the transition process?

☐ Yes ☒ No

Accommodations for the Disabled:

Does the facility accept youth with disabilities?

☒ Yes ☐ No

Has this facility been determined to be an inappropriate facility for a youth with a disability (physical, developmental, emotional, psychological, intellectual, etc.) in the last 12 months?

☐ Yes ☒ No

SECURITY AND CONTROL

Post Orders:

Do staff members have access to a detailed copy of their job description?

☒ Yes ☐ No

Do staff members have performance reviewed annually?

☒ Yes ☐ No

Permanent Logs:

Are there policies and procedures in place that describe the types of incidents and occurrences which must be documented on a daily basis?

☒ Yes ☐ No

Are these logs stored electronically?

☒ Yes ☐ No

If yes, is there sufficient technical support to ensure that the electronic files that contain these logs are not compromised, corrupted, or deleted?

☒ Yes ☐ No

Security Features:

Does the facility have ample security features (cameras, locks, alarms, etc.)?

☒ Yes ☐ No

Are there staff members on site who have the skills to maintain security features?

☒ Yes ☐ No

Security Inspections:

Does the administrator in charge ever visually inspect the facility for security-related concerns?

☒ Yes ☐ No

If yes, how often:

The PCC Management Team conducts a monthly walk-through and visual inspection.
Security guards make rounds several times daily to inspect for security-related issues.
Staff report any issues to the PCC Management Team.

Are random reviews of security tapes conducted?

☒ Yes ☐ No

If yes, how often:

Monthly and as needed in response to incidents and concerns.

Control of Contraband:

Are there written policies that describe contraband?

☒ Yes ☐ No

Are there written policies that describe the disposition of contraband?

☐ Yes ☒ No

Describe if there have been a high number of incidents related to a specific type of contraband.

N/A

Has a weapon been found in the possession of a youth in the facility within the last 12 months?

☐ Yes ☒ No

Has a controlled substance (alcohol, tobacco, illegal drugs, or prescription drugs for which the youth in possession does not have a prescription) been found in possession of a youth within the last 12 months?

☒ Yes ☐ No

Resident Searches:

Do staff search sleep areas/rooms?

☒ Yes ☐ No

If yes, do PCC staff members search the room in the presence of the youth?

☒ Yes ☐ No

If yes, is clean bedding or clothes mixed with soiled bedding or clothes during this process?

☐ Yes ☒ No

Accountability and Supervision:

Describe measures taken to ensure that youth are supervised in a manner that provides for youth and staff safety.

All staff receive regular in-service training, including safety training, CPR/First Aid, Pro-ACT, Polinsky Active Teaching Approach (PATA), food service, and water safety, averaging around 40 hours per year. Caregivers for children under six receive additional in-service training of at least 48 hours per year.

The 1:3 ratio of staff-to-children for children under age six remains in place around the clock. The staffing ratio for children over age six is a baseline of 1:6, and is adjusted for supervision acuity, individual child needs and facility requirements.

Use of Force/Physical Restraint /Safety Room Procedures/Searches:

Force is never used on a child at PCC and liability precludes any extensive or invasive searches. On rare occasions, restraint may be used as a last resort when de-escalation of a situation through verbal skills and other techniques has failed and the safety of the child, other children and/or staff is in question. Polinsky Active Teaching Approach (PATA) is the teaching method used, and this incorporates loss of privileges in its principles. PATA is used, along with Professional Assault Crisis Training principles (described below).

Are there written policies in place to ensure that force is used only when necessary?

- ☐ Yes ☐ No ☒ N/A (see below)

PCC is not a locked facility, residents are not detainees and force is never used.

Are there written policies in place to ensure that force is used only as long as necessary?

- ☐ Yes ☐ No ☒ N/A

Force is not used at PCC.

Is each instance of a use of force documented?

- ☐ Yes ☐ No ☒ N/A

When there is an instance where force is used, does an internal committee or task force convene to discuss the incident?

- ☐ Yes ☐ No ☒ N/A

Force is never permitted at PCC.

Non-routine Use of Restraints:

Are there written policies in place to ensure that restraints are used only when necessary?

- ☒ Yes ☐ No

Are there written policies in place to ensure that restraints are used only as long as necessary?

- ☒ Yes ☐ No

Is each instance of a use of restraints documented?

- ☒ Yes ☐ No

If yes, are these documents reviewed by the administrator in charge?

- ☒ Yes ☐ No

Tool & Equipment Control:

Is there a written policy to ensure the adequate control of keys?

- ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of tools?

- ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of culinary utensils and equipment?

- ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of medical equipment?

- ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of supplies?

- ☒ Yes ☐ No

Is there a written policy to ensure the adequate control of vehicles?

- ☒ Yes ☐ No

Weapons Control:

Are weapons of any types permitted in the facility?

☐ Yes ☒ No

Is there a weapons locker on site?

☐ Yes ☒ No

Discipline:

PCC is not a locked placement. Discipline is not used; the PATA is used for behavior management. See Below for Details.

Are there written policies that describe the discipline process?

☐ Yes ☐ No ☒ Not Applicable

Are measure to taken to ensure that due process is preserved?

☐ Yes ☐ No ☒ Not Applicable

Approximately what percent of grievances/appeals related to disciplines are resolved in favor the youth?

There are no discipline procedures, as PCC is not a detention facility. There are no grievances related to disciplines. See Grievance information below.

Contingency/Emergency Plans:

Are there written plans in place for the following contingencies/emergencies? Check all that apply.

- ☒ Contagious disease outbreak (Tuberculosis, Flu, etc.)
- ☒ Earthquake
- ☒ Fire
- ☒ Power outage/failure
- ☐ Riot (N/A: PCC is not a locked facility.)

TRAINING, PERSONNEL, AND MANAGEMENT

Child Supervision and Staffing Levels:

FY 09-10 budget for PCC included 230 full-time-equivalent positions. The staff-to-child ratio varies by age group and complies with AB 1197 and Community Care Licensing requirements. The ratio of staff to children for children under age six ("Babies and Toddlers") remains the same 24-hours per day and these cottages are staffed at a 1:3 ratio. The staff-to-child ratio for children over age six varies depending on acuity of supervision needed for individual child needs, as well as the number and type of children at the facility, and the staffing needs of any particular shift. The overall staffing ratio for Latency (6-9 years old), Junior (10-12 years old) and Teen (13-18 years old) is 1:6, with Enhanced Child Supervision (levels of 1:1 or 1:2) as appropriate due to acuity needs (children who have special needs or whose behavior may place them at risk of harming themselves or others). This was observed first hand in one of the cottages during the present inspection with a youth who was autistic and required greater supervision to ensure his safety. Generally, the level of enhanced staffing for youth over 6 years of age on the overnight shift is lower than during the day, when the children are awake.

PCC also relies on temporary agency staff to supplement regular staff when needed. The Volunteer Program is active and augments and enhances staff services. There were 167 regular volunteers who contributed 4,089 hours during FY 09-10. They provided tutoring, child care support, recreational support, teacher assistance, and other activities that would not have been available if not for the Volunteer Program.

Training:

All staff receive regular in-service training, including safety training, CPR/First Aid, Pro-ACT, PATA, food service, and water safety, averaging around 40 hours per year. Caregivers for children under six receive additional in-service training of at least 48 hours per year.

The PATA 40-hour workshop is required basic training for all direct-care and administrative staff. The workshop is designed to include lectures, demonstrations, role-plays and other interactive activities to facilitate the use of behavioral and cognitive interventions. The components include: 1) treatment skills for youth, 2) a social learning approach for staff; training staff to teach social, academic, independent-living and self-control skills; 3) exercises in teaching interactions (emphasizing "catching kids being good," use of praise and reinforcing positive behavior); 4) training staff to teach appropriate replacement behavior when problem behavior occurs and to help youth regain self-control in crisis; 5) use of a structured Motivation System, including how to combine the teaching interactions with the motivation system to provide a positive, systematic, and consistent treatment environment.

The PATA Supervision Workshop is a 24-hour training for Residential Care Supervisors (RCS) and Protective Services Supervisors (PSS) that is designed to ensure they implement PATA effectively and accurately. RCSs and PSSs are trained to conduct observations on the unit, formulate and provide conceptual feedback to staff, conduct a point card analysis, and document all these activities for future reference.

Facility Capacity and Crowding:

PCC Administration Manager Tuan Pham led the inspection team's tour of the facility. PCC provided an inspection that included the administration area, intake, 23-hour intake facility, cottages (including infant and new mother cottage), class rooms, outdoor and indoor recreational areas, and cafeteria. The facility was in excellent condition and well-maintained. None of the cottages/units were overcrowded, and the facility as a whole was well within its capacity. PCC makes a concerted effort to utilize early assessments that will decrease the time a child is held at Polinsky when other viable options are available.

The licensed capacity for the facility is 204, and in FY 09-10, the average daily population was 59 children, ranging from 29-89.

PCC is meant to be a short-term placement away from home, and had an average length of stay in FY 09-10 of 12 days (prior lengths of stay: 12 days in FY 08-09 and 07-08, 13 days in FY 06-07, and 19 days in FY 05-06). However, as needed, some children spend considerably more time in the facility due to a lack of foster homes or other suitable placements.

CLASSIFICATION AND SEGREGATION

Classification:

'Classification' is a term more commonly used in facilities housing delinquent youth. Not all youth under the care of PCC are dependents, so the term does not translate directly to facilities such as PCC.

Youth are, however, assigned to the cottage/unit in which they are housed depending on their age and gender. Pregnant girls without other children are placed in the age-appropriate cottage, usually the Teen Girls cottage. Teen mothers live with their baby in specially designed rooms in the Serenity Cottage (infant cottage), permitting the most contact and a naturalistic setting. In general, children of both genders under the age of two are assigned to Serenity Cottage, and children aged two to five, both male and female, reside in the Toddler Cottage. Each child that arrives at PCC is individually assessed and is placed in the most appropriate environment to the extent possible.

Orientation:

All youth who enter PCC complete an intake program that includes assessments and the gathering of background information. PCC is part of a larger process of being able to log into a central database so information on youth in the system can be shared in a real-time manner. PCC also has a 23-hour Assessment Center which provides a comfortable place for those children who are assessed at intake as having an alternative placement option. This is an alternative to admission to PCC. Youth at PCC receive an orientation upon intake as well as written rules and expectations (including reward systems). Staff members provide a daily rules, and all rules are posted in each cottage, in easy to read and understand language.

Segregation:

No child at PCC is ever placed in "solitary confinement." On rare occasions, there may be a child residing at PCC with extreme special needs, such as medical or behavioral issues, that necessitate the assignment of that child to their own cottage, but they are never confined to the cottage. Youth participate in campus activities as appropriate to their abilities and needs.

Assessment and Plan:

The assessment and services provided to each youth depend on the individual child's needs. Social workers, counselors, teachers, and psychologists provide casework services, crisis intervention, diagnostic evaluation, psychosocial histories, developmental work-ups, and educational assessments for children requiring emergency shelter care. Input is provided to the dependency social worker and Juvenile Court to assist them in making an appropriate disposition in the child's case. PCC direct-care staff utilize PATA, the cognitive behavioral model developed by Boys Town and described above to assist youth with targeted social skills. Youth are provided a variety of programs to help build their life skills.

COUNSELING AND CASEWORK SERVICES

Mental health services, in various forms, are available seven days a week from morning to early evening. Initial mental health evaluations are conducted routinely for youth six and older within one business day of their intake, and counseling services are typically provided through one of two programs (see below), with a special emphasis on evening activities, groups and services as that is the time of most difficulty for youth (less structured time of day, no school at that time etc.).

PCC has two mental health programs. The Polinsky Day Rehabilitation Program is staffed by a contractor, Fred Finch Youth Center (FFYC), through County Mental Health. These services assist with the stabilization of youth at PCC with the expectation that after stabilizing at PCC, they will have a more successful transition to their placement. The contract with FFYC was implemented in July 2010.

The funding source is State and Federal Medi-Cal EPSDT funds and MHSA funds. The services that qualify for EPSDT funding are:

- Day Rehabilitation, focusing on delayed personal growth and development;
- Crisis Intervention, focusing on coping skills to maintain an appropriate functioning level; and
- Mental Health Assessment to determine the appropriate level of care and diagnosis.

While the Fred Finch Youth Center provides most groups (e.g., Substance Abuse Prevention groups, Violence Prevention Education groups), New Alternatives remains the contractor providing Independent Living Skills training.

Juvenile Forensic Services (JFS) is administered by Children's Mental Health and ensures that children with serious psychiatric and psychological disturbances are identified and provided with appropriate care while at PCC. As of November 2010, there were 29 cases open to JFS, of which 18 were being seen concurrently by the JFS Psychiatrist for medication management.

Services are defined by Medi-Cal standards. All-day treatment programs have defined service components, and are assumed to be stand-alone services. However, if a child needs services concurrently with day treatment that are not provided by the day program, the child may be treated at another program as well. The program providing services outside of the day program, referred to as ancillary services, must request them through the day program, and have them authorized administratively, which is done in San Diego by United Behavioral Health.

Since psychotherapy is not a defined service of day rehab, it is not routinely provided. If a child is deemed to be in need of psychotherapy, the service is provided by JFS, after a JFS request and authorization. This also permits JFS to bill for other services, including treatment team, co-ordination with social worker, etc. JFS also provides psychotropic medication management and crisis intervention, neither one of which requires separate authorization from day rehab.

With the two programs providing different services, collaboration is done mainly through weekly treatment teams, as well as informal contacts between the two programs.

Sexual Harassment classes are also provided as part of day rehabilitation.

The Developmental Screening and Enhancement Program (DSEP) services provided by Rady Children's Hospital–San Diego at PCC are funded by Promises2Kids (formerly Child Abuse Prevention Foundation). The DSEP clinic operates Monday through Friday and provides training to staff on developmental issues.

Mental health assessments are done on four- to five-year-old children to assess response to their admission and to identify any areas of concern, as well as appropriateness for the day rehab program. Children may not be entered into the day rehab program without an assessment, as required by Medi-Cal standards. In addition, all children under age six receive a screening through the DSEP program.

The 'Youth-to-Youth Advocate Program' is a peer program providing emotional support and life skills training to current foster youth by former foster youth, aged 18 or older.

GRIEVANCES, REPORTING INCIDENTS AND STAFF MISCONDUCT

Grievance procedures are posted in the cottages and dining area. Complaints may be posted through the complaint boxes located in the cottages or reported to any number of staff, social workers or the CWS Ombudsman Office (see also 'Legal Services'). During the interviews with two youth, it seemed that they basically understood the procedures or at least where to go to locate the information.

Since July 1, 2009, there have been 20 complaints: 15 against staff, 1 against another resident and 4 "other" complaints.

Is there a formal grievance policy?

☒ Yes ☐ No

Are written grievances reviewed daily?

☒ Yes ☐ No

Are grievances tracked in some manner that would permit facility leaders to observe trends in grievance report?

☒ Yes ☐ No

Is there a method for youth to be able to express concerns about the facility to a staff member who is not assigned to their cottage?

☒ Yes ☐ No

Are youth made aware on a routine basis that they can express concerns about their placement to their case worker, social worker and/or attorneys?

☒ Yes ☐ No

Is there a formal grievance process available for parents?

☒ Yes ☐ No

If yes, how many parents have submitted grievances in the last 12 months?

One

Reporting of Incidents:

Incidents are reported by phone to appropriate parties, followed by the appropriate written report.

Within PCC, there is sometimes a need to discipline staff. There are child-related incidents and non child-related incidents. Child-related incidents are reported to the Child Abuse Hotline and investigated independently by a child welfare investigator. In addition, information is cross-reported to the appropriate law enforcement agency, Community Care Licensing, and the CWS Institutions and Evaluation Unit (IEU). The level of discipline in both incidents is determined by the County of San Diego Administrative Manual, Discipline Guideline.

Staff Misconduct:

Are there written policies for addressing staff misconduct?

☒ Yes ☐ No

Have there been any allegations within the last 12 months of a staff member physically assaulting a youth?

☐ Yes ☒ No

Have there been any allegations within the last 12 months of staff member sexually assaulting a youth?

☐ Yes ☒ No

Have there been any allegations within the last 12 months of a staff member verbally threatening a youth?

☒ Yes ☐ No

Have there been any allegations within the last 12 months of a staff member touching a youth in any inappropriate way?

☐ Yes ☒ No

Have there been any allegations within the last 12 months of a staff member commenting on the physical appearance of a youth in a manner that is outside the scope of the staff member's job duties?

☐ Yes ☒ No

Have there been any allegations within the last 12 months of a staff member entering a youth's sleeping room for any reason that was outside the scope of the staff member's job duties?

☐ Yes ☒ No

Please describe the circumstances related to any of the allegations noted above.

A Staff member was found to have conducted an inappropriate restraint on a resident.

If the answer is yes to any of the inquiries related to allegations, is there written documentation of the incident, follow-up, and responsive action?

☒ Yes ☐ No

PROGRAMS AND ACTIVITIES

School Program:

Operated on site by the San Diego Unified School District (SDUSD), PCC has a year-round school for grades K-12 and an on-grounds library for residents. Youth are enrolled in the PCC School the day after they enter PCC, unless they are going to continue attending their school of origin. SDUSD staff are responsible for obtaining the school and immunization records. Four full-time and one half-time teachers are assigned to the PCC School. The half-time teacher is for PCC Pre-school. Promises2Kids provides funding for a pre-school teacher, supplied by SDUSD, who provides a part-time pre-school program.

Class size varies, depending on population, and can be up to 15 in each classroom. The classrooms were bright, filled with students' works, and resembled other classrooms in schools outside of PCC. The rooms themselves were set off in their own courtyard, were well maintained, and created a non-institutional, positive atmosphere. There also is a library with ample books clearly designated by color and section for different age groups. Supplies and instructional materials are provided by SDUSD and meet Williams Sufficiency. PCC also receives donations from the community. The school is able to gather data on a child's prior school, initiate an Individual Educational Plan (IEP), provide physical education, science, and computer instruction, establish Student Study Team (SST) for struggling students, and provide other support personnel as needed. The curriculum and instruction follow the standards mandated by the State of California, and students are awarded earned credit/hours on a daily basis.

SDUSD has only been responsible for the educational services since July 2006; however, since that time, they have established new goals and objectives to enhance the educational experience of the youth. These include improving communication about the student between educational staff and Residential Case Workers (e.g., team meetings, behavior referral forms, 'nursing grams'), establishment of a pre-school, development of school dress codes and disciplinary policy, and many other enrichment activities.

A minor may not attend school on a specific school day due to illness, court appointments, or behavior issues.

In FY 09-10, a total of 904 youth attended the PCC School. This figure includes children attending the pre-school program. There are no minors on independent study. Homework is assigned two days per week for 20 minutes per day to all students. A certified Special Education Teacher is on site. Efforts are made to allow youth to attend their regular school to reduce disruption during their PCC stay.

Parenting Classes:

Parenting classes are provided as part of day rehabilitation. Classes are offered to teen mothers residing at the facility. Other teens may receive parenting information/classes as part of the Independent Living

Skills Program in which each teen is eligible to participate, and this component is managed by the youth's Social Worker.

Recreation and Exercise:

Recreation time occurs on a daily basis and includes age-appropriate activities that are intended to promote and complement each child's educational, physical and social development. Programs include organized sports, playground time, swimming, exercise classes, arts and crafts, weights, dances, video games, sports, talent shows, age-appropriate games, field trips, and other activities. After-school activities are planned from 3 pm until bedtime and all day during the weekends.

As noted above, there are several areas designated for recreational activity. The recreational program is part of the support services as outlined in the program manual. The program provides daily recreational activity that compliments the cottage-specific activities (e.g. field trips to Balboa Park, fishing trips). In addition, there is an After School Activities program that allows children to participate in activities on the weekends and afterschool. There is also a Recreation Coordinator who focuses on planning and creating on- and off-campus events.

Religious Program:

Religious services are voluntary and held on site every Sunday for all youth. Services tend to be non-denominational but efforts are made to provide access to relevant religious services as determined by the PCC population. An on-call Chaplain will transport youth to religious services. Youth under 12 years old can attend on-site and off-site religious services with prior parental consent.

Work Program:

Some resident teens have jobs and continue to work, with their social worker's approval.

Visiting:

Parents/guardians of youth at PCC are allowed to have either supervised or unsupervised visits with their children. The individual Social Worker determines who may visit, and restrictions, if any, may apply. The visitation areas (both an indoor and outdoor patio) were recently renovated. While conducting this inspection, there was visitation happening with a child and several members of the family were able to sit comfortably in the visitation room. The rooms had comfortable furniture and toys.

Correspondence:

Postage is provided by PCC, and incoming and outgoing mail is never read by PCC staff. All incoming and outgoing mail to PCC residents is routed through the youth's social worker. The Social Worker screens incoming and outgoing mail of youth in their caseload due to court-ordered contact restrictions.

There are centralized phones in staff offices and in cottage common areas which are available for use by resident youth upon request and in accordance with court-ordered contact restrictions, as specified by the assigned social worker. All youth have the right to make a phone call at intake, and are made aware of that right.

Access to Legal Services:

Dependent children have a court-appointed attorney and they may contact their attorney. All residents have access to phone numbers of Licensing and the CWS Ombudsman Office via the posters displayed in the cottages. They may speak directly to the cottage supervisor, the cottage social worker, a mental

health provider, the assigned social worker, PCC chiefs and even the PCC Director, as well as using the complaint box.

DISCIPLINE MODEL

The Polinsky Active Teaching Approach (PATA) is a psycho-educational treatment model developed by Boys Town and is a nationally recognized model of care that is used in inpatient and outpatient child and adolescent psychiatric hospitals, residential treatment centers, day-treatment programs and other facilities that care for youth with psychiatric and related behavioral disorders. PATA is therapeutically oriented, allowing staff to act as potent treatment agents. PATA combines social skill instruction with intervention strategies to support staff and the youth served.

PATA is designed as a structured framework to help staff: 1) teach youth to manage their behavior, 2) reinforce appropriate behavior, 3) correct inappropriate behavior, and 4) cope with crises calmly and consistently. Youth are in turn taught to: 1) monitor their thoughts, feelings and behaviors, 2) control their impulses, 3) delay gratification, and 4) empathize and build relationships.

Professional Assault Crisis Training (Pro-ACT) is a crisis intervention module used as a back-up to the primary behavior modification plan (PATA). Employees who have developed a systematic approach to intervention during incidents of potential assault are less likely to injure or be injured than those who have not. PCC trains on minimizing risk to staff and clients through strict observance and enforcement of policies, close supervision, and regular in-service training.

PCC staff make sure they have a clear understanding of how assaultive behavior can be replaced by safe behavior. This understanding is reflected in pro-active intervention plans: acting in a "planned way" rather than "reacting." PCC staff go over the internal focus on matters such as motivation, attitude choice, and mood control as a direct care staff. PCC also developed external practices to promote safety such as attire, mobility, precaution, observation and self-control.

In Pro-ACT, staff learn about Identifying Triggers & Alternatives from a variety of perspectives to reduce the risks presented by a client's behavior. Different perspectives include youth stressors, developmental level, communication styles, environmental stressors and basic needs. Pro-ACT teaches identification of different levels of risks and how to respond appropriately to each situation to again reduce the risk of injury and/or re-traumatization. PCC also helps staff learn to match their verbal interactions with physical movement to promote safety after crisis communication appears ineffective.

HEALTH SERVICES

Health Services Program at PCC ensures that all children receive a thorough medical assessment at intake and that their health needs are taken care of while at PCC. Health services are provided 24/7 on site (unless additional services are needed) through a contract with Rady Children's Hospital and the University of California San Diego. PCC has a complete medical facility on site to handle sick calls, as well as the initial screening and examination. Sexual abuse victims are referred to Rady Children's Hospital for evaluation. Nursing coverage is 24 hours a day, seven days a week.

MEAL SERVICE

Who/what agency maintains the kitchen area?

Food Management Associates, Inc. is the food services contractor.

Are kitchen staff members trained regarding sanitation and food handling procedures?

☒ Yes ☐ No

Have kitchen staff members received any training in the last year other than training given to newly hired employees?

☒ Yes ☐ No

If yes, describe what the training included:

Food Handler Training

Do youth work in the kitchen?

☐ Yes ☒ No

Are youth permitted to converse during meals?

☒ Yes ☐ No

If yes, may a youth seated at one table converse with a youth seated at a different table?

☒ Yes ☐ No

Are meals served cafeteria style?

☒ Yes ☐ No

Are youth permitted 20 minutes or more to eat?

☒ Yes ☐ No

Adequate and Varied Meals:

Is there a weekly menu posted?

☒ Yes ☐ No

Does a nutritionist, dietitian, or other health professional participate in the creation of the menu?

☒ Yes ☐ No

How many calories per day does a youth who eats all of the standard meals provided consume?

The PCC menu includes three balanced meals and two healthy snacks daily. The menu meets or exceeds the minimum requirements of the National School Lunch Program for calories, required foods and nutrition, as appropriate for each age group and individual requirements.

What approximate what percent of calories are from the following:

Protein: 25%

Carbohydrate: 50%

Fat: 25%

Are weaker youths protected from having food taken from them?

☒ Yes ☐ No

There is no real opportunity for food bullying. Staff are always present and observing. Food is abundant, available in the cafeteria, all cottages, and upon request by the youth.

Special Diets:

Can special diets be accommodated when medically necessary?

☒ Yes ☐ No If no, explain: N/A

Was the facility unable to accommodate a special diet based on medical reasons within the last 12 months?

☐ Yes ☒ No If yes, describe: N/A

Can special diets be accommodated when based on a youth's religious practices or beliefs?

☒ Yes ☐ No If no, explain: N/A

Was the facility unable to accommodate a special diet based on a youth's religious practices or beliefs in the last 12 months?

☐ Yes ☒ No If yes, describe: N/A

The dining hall was included in the tour. Although one food service staff was in the dining area and access to the kitchen was supervised, the cleaning supply storage case was unlocked during the inspection.

PCC takes great pride in the menu and providing nutritional, balanced meals. Direct Care Staff are provided meals during their shifts and may have snacks in the cottage with the youth. Other non-direct care staff often purchase a meal plan and eat the meals as well. The kitchen, storage and refrigeration areas were seen but not extensively inspected. The dining hall was clean and neat. Meals are served cafeteria style in the dining hall or can be delivered to the cottages. In addition, snacks are provided in the cottages. During the inspection, the younger children were receiving their meal and snacks in their cottage. Staff are present and supervising during meals. Youth may talk while eating their meals and the weekly menu was posted. Fresh fruit and a salad bar are always available. It appears that the goal is to create healthy and tasty meals that differ considerably from typical institutional food. Youth are generally permitted to have 30-60 minutes for meals or as long as a youth needs. There are three meals and two snacks a day. If a youth misses mealtime, food is set aside for that youth or a meal may be specially prepared.

SANITATION

Clothing and Personal Hygiene:

Children seen during the inspection were clean, well groomed and dressed appropriately. Clothing was in good condition and appropriate for the weather conditions. Children may use their own clothing, either brought with them or provided by a family member. Children who arrive without clothing are provided a minimum of four outfits purchased from a variety of local stores. Older children and children with special clothing needs may be taken shopping for appropriate clothing and shoes. Clothing is also purchased to replace worn-out or out-grown clothing. The clothing needs of all children are provided for with in-season, in-style, locally purchased clothing.

Babies receive baths twice daily. Toddlers receive a bath or shower before bedtime daily. Youth aged 6 to 18 years old shower in the morning before school and before bedtime daily. Youth with special needs shower as needed throughout the day. Privacy is maintained by gender separation and under close supervision of cottage staff. Showers and baths are scheduled for each youth separately, one at a time, in their own cottage as there is no communal shower or bath. Staff stands outside of the bathroom supervising each youth showering alone as the bathroom can only be occupied by one youth at a time. There were no assaults by other youth in the shower/bathroom.

Bedding and Linens:

Secure cribs, toddler beds, and double beds are available in the Serenity nursery cottage. Appropriate twin beds are in the other cottages, which were not located on the floor. Adequate bedding and blankets were observed in the sleeping quarters.

TRANSITION PLAN

Transition plans are developed by the assigned social worker. The cottage social worker may assist the assigned social worker with plan development and implementation. Many activities at PCC may be part of the transition plan, such as Independent Living Skills classes and Day Rehabilitation activities.

/end